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Department of
SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 197609336
Report Date: 12/23/2025
Date Signed: 12/23/2025 02:49:20 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/17/2025** and conducted by Evaluator Bernadette Allen

	COMPLAINT CONTROL NUMBER: 11-AS-20251217093653

FACILITY NAME:	WELBROOK SENIOR LIVING SANTA MONICA		**FACILITY NUMBER:**	197609336
ADMINISTRATOR:	COLE, CATALINA		**FACILITY TYPE:**	740
ADDRESS:	1450 17TH STREET		**TELEPHONE:**	(424) 282-3002
CITY:	SANTA MONICA	**STATE:** CA	**ZIP CODE:**	90404
CAPACITY:	50	**CENSUS:** 42	**DATE:**	12/23/2025
		UNANNOUNCED	**TIME BEGAN:**	12:50 PM
MET WITH:	David Cole-Administrator		**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1. Staff restrained a resident
2.
3.
4.
5.
6.
7.
8.
9.

INVESTIGATION FINDINGS:

On 12/23/2025, Licensing Program Analyst (LPA) Bernadette Allen conducted an unannounced visit to investigate and deliver the findings for the alleged allegation. LPA met with Administrator David Cole, and he was explained the purpose of the visit.

The investigation consisted of the following:

LPA conducted interviews with staff members Staff 1-7 (S1-S7) and Residents 1-6 (R1-R6) and observations of staff interactions with the residents in care.

The investigation revealed the following:

Allegation: Staff restrained a resident

Continued....

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:
DATE: 12/23/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 12/23/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 11-AS-20251217093653

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT (Cont)**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245

FACILITY NAME: WELBROOK SENIOR LIVING SANTA MONICA
FACILITY NUMBER: 197609336

VISIT DATE: 12/23/2025

NARRATIVE

On December 23, 2025, at 1:05 PM, Licensing Program Analyst (LPA) Allen conducted interviews with seven (7) staff members 1-7 (S1–S7) and 7 out of 7 staff members stated that they have never seen or heard of any staff member, past or present, restraining a resident in any manner.

LPA also interviewed six (6) residents 1-6 (R1–R6) and 6 out of 6 residents reported that they have never been restrained by any staff member in any way.

During the visit, LPA observed staff interacting with residents in a respectful manner. LPA observed that residents were not handled roughly or restrained by staff at any time during the observation.

Based on the interviews and observations gathered during the investigation, the above allegation is found to be Unsubstantiated; meaning that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove the alleged violations did or did not occur.

An exit interview was conducted, during which this report was discussed and provided to David Cole-Administrator at the conclusion of the visit, along with appeal rights.

SUPERVISORS NAME: Stephanie Cifuentes
LICENSING EVALUATOR NAME: Bernadette Allen
LICENSING EVALUATOR SIGNATURE:
DATE: 12/23/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 12/23/2025